

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 - 1 - 0 - 0 - 0

2. STATE:

South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

7/01/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A, Limitation Supplement
Page 6b9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):ATTACHMENT 3.1-A, Limitation Supplement
Page 6b

10. SUBJECT OF AMENDMENT:

Includes staff qualifications for other licensed professionals of the healing arts to
order and render alcohol and drug treatment services.

GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

William A. Prince

14. TITLE:

Director

15. DATE SUBMITTED:

March 22, 2001

16. RETURN TO:

SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 30, 2001

18. DATE APPROVED:

August 3, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Cranner

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

- 13d. REHABILITATIVE SERVICES. The following services are considered rehabilitative services:

Outpatient mental health rehabilitative services meeting standards as determined by the South Carolina Department of Health and Human Services.

Alcohol and Drug Abuse Services are those services that are provided in order to achieve a maximum reduction of physical or mental disability and restoration of a recipient to his best possible function level. Services are available to all Medicaid recipients in South Carolina. Services are recommended by a licensed physician or other licensed practitioners of the healing arts, and are rendered by, or under the direct supervision of, a licensed professional in the health or human services field or credentialed professional in the alcohol and drug abuse field. Services are available through the local alcohol and other drug treatment commissions. All facilities are accredited by the Rehabilitation Accreditation Commission as rehabilitation centers. Most facilities provide outpatient services and inpatient residential care at 16 beds or less, and no room and board is charged to Medicaid. Services are rendered based on the American Society for Addiction Medicine (ASAM) Levels of Care. Eligible provider programs must be licensed by the South Carolina Department of Health and Environmental Control for chemically dependent or addicted persons, and meet the standards established by the Department of Health and Human Services and the South Carolina Department of Alcohol and Other Drug Abuse Services.

EPSDT Children's Rehabilitative Services:

Children's Rehabilitative Services are those services provided by licensed/credentialed providers for the purpose of ameliorating, as much as possible, developmental disabilities and/or delays, improving the child's ability to function independently, and restoring maximum function through the use of diagnostic, therapeutic, and restorative services. Children's rehabilitation services shall be provided to special needs children with physical or emotional handicaps in accordance with the child's Individualized Family Service Plan (IFSP), Individualized Treatment Plan (ITP), or Individualized Education Plan (IEP). The following services are included as Children's Rehabilitative Services:

Physical Therapy Services: evaluation and treatment services provided as prescribed by a physician or other Licensed Practitioner of the Healing Arts in order to (a) preserve and improve abilities for independent functioning, such as gross and fine motor skills, range of motion, strength and muscle tone, and (b) prevent progressive disabilities through the use of orthotic and prosthetic devices, assistive and adaptive equipment, positioning, behavior adaptation and sensory stimulation.

Occupational Therapy Services: evaluation and treatment services provided as prescribed by a physician or other Licensed Practitioner of the Healing Arts in order to preserve and improve abilities for independent functioning. Service components include therapeutic exercise, neuromuscular re-education, development of the treatment plan to be followed at home, perceptual activities, fine motor manipulation skills and cognitive skills retraining.

Psychological Evaluation and Testing Services: evaluation of intellectual, emotional and behavioral status and any resulting distress and/or dysfunction. Service components include screening, diagnostic interview, testing and/or assessment.

Mental Health Counseling Services: therapeutic mental health services rendered in various environments by professional staff for the purpose of rehabilitation and restoration to an optimal level of functioning through the application of psychological principals, methods and procedures.

SC: MA 01-005
EFFECTIVE DATE: 07/01/01
RO APPROVAL: AUG 03 2001
SUPERSEDES: MA 99-002